

Millennium Corporate Credit Union Membership Application



Credit Union Name _____

The above credit union or organization applies for membership at Millennium Corporate Credit Union,
dated _____ .

Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Telephone Number	Fax Number	Website Address	
Type of Charter (Federal or State)	State Chartered In	Routing Number	
Tax ID Number	Asset Size		

I hereby state that I am an authorized representative of the Credit Union and have applied for membership at Millennium Corporate Credit Union under the approved authorities. I, furthermore, agree to abide by all rules and regulation of Millennium Corporate which are applicable to the accounts and activities of this credit union as a member.

Please select a membership type -

- ☐ Perpetual Contributed Capital - I hereby authorize establishment of a PCC Account with Millennium Corporate.
- ☐ Membership Deposit Shares - I hereby authorize establishment of a MDS Account with Millennium Corporate.

Signature of Authorized Credit Union Official

Print Name and Title

Date

For office use only

Application _____ Approved _____ Rejected _____

Validated by _____

Approved by _____

Please return completed Membership Application to administration@millenniumcorporate.org
or fax to 316.722.2025